

Finally, it would seem highly desirable to incorporate in the system of training a certain amount of information concerning war neuroses and to teach mental hygiene as well as physical. Morton Prince¹⁵ has already put this suggestion into tangible form.

There has come into being at the front—nor is it confined to the front, nor yet to the army—a shell-shock tradition which should be combated by all available means. This tradition implies an actual physical injury to the nervous system as cause and some sort of severe organic disability as the result. Moreover, it makes shell shock the disease of the hour, so to speak—a disease not only new, but by association preëminently distinguished. There might be fewer and shorter cases if Prince's term "shell funk" were officially substituted for the more impressive and euphonious "shell shock."

ORGANIZATION AND ACTIVITIES OF THE AMERICAN RED CROSS BUREAU OF SANITARY SERVICE.

JANUARY 10, 1918.

TO ALL DIVISION MANAGERS, AMERICAN RED CROSS:

In accordance with an agreement reached at the meeting of the American Red Cross Division Managers, held at Washington, D. C., January 8 and 9, 1918, I transmit herewith a synopsis of the activities of the Bureau of Sanitary Service, American Red Cross.

(Signed) J. CLARK,
Surgeon, U. S. Public Health Service,
Acting Director, Red Cross, Bureau of Sanitary Service.

On June 14, 1917, a "Memorandum Relative to Coöperation of the Red Cross with the United States Public Health Service in Sanitary Matters Having an Effect on the Prosecution of the War" was presented to the Medical Advisory Committee of the War Council and approved:

The Bureau of Sanitary Service, to operate under the Department of Military Relief, was established by resolution of the War Council of the American Red Cross July 17, 1917, and a provisional appropriation of \$10,000 was authorized for its organization and development.

The primary object of the American Red Cross in establishing the Bureau of Sanitary Service was for the purpose of giving aid to Federal, State and local authorities in securing and maintaining effective sanitary control in the civil districts surrounding or adjacent to National Army Cantonments, National Guard Camps and Naval Bases.

The control of sanitary matters in the civil districts adjacent to the various military areas is a function delegated by legislative enactment to State health authorities, and through them to local health organizations. State and local funds for such purposes in the past have been extremely limited, a condition that can be remedied only by legislative action, a procedure requiring a considerable period of time to accomplish.

The relatively rapid mobilization of troops in certain areas accompanied by almost equally sudden and great increase in the civilian population in the vicinity of the selected camp sites, created new conditions and increased the necessity for more rigid sanitary control in extra-cantonment areas, an emergency that would tax the resources of the best health organization to meet. The local health authorities were therefore forced in nearly every instance to call on State or Federal authorities for assistance.

The United States Public Health Service, by law, is empowered to coöperate with State and local authorities in the prevention and control of communicable diseases, and had already taken steps to assist these authorities. In view of the limited personnel and available funds and, furthermore, because of the necessity for speedy action in affecting the sanitary control of extra-cantonment areas, it seemed warranted for the American Red Cross, supported largely by contributions from the whole people, to coöperate with Federal, State and local authorities in this national emergency. The Bureau of Sanitary Service, therefore, was established and Surgeon W. H. Frost was detailed by the Surgeon-General of the United States Public Health Service to act as the director. Unfortunately, Surgeon Frost was forced to relinquish this position by reason of ill health, and resigned the directorship on November 6, 1917.

Organization of Sanitary Units. Under a broad plan of coöperation between Federal, State and local health authorities and the American Red Cross, the Bureau of Sanitary Service is furnishing personnel and funds to complete the sanitary organizations in extra-cantonment areas, supplementing the resources of the local communities, the State and the Public Health Service until some provision can be made for supporting these organizations without the aid of the Red Cross. Assistance is given by the Red Cross only upon request from local or State authorities on recommendation of the Surgeon-General of the Public Health Service, based upon a preliminary survey in the vicinity of each cantonment to determine whether the conditions in the district establish the need for aid.

The Red Cross furnishes supplementary assistance by assigning to the district a group of trained assistants, bacteriologists, sanitary inspectors, Red Cross public health nurses, with an appropriation sufficient to provide the necessary equipment, transportation and maintenance, which group is organized into a Red Cross Sanitary Unit.

The coöperative health organizations thus established represent the combined resources of Federal, State and local authorities supplemented by auxiliary assistance from the Red Cross. The administration of its activities is placed under the direction of the public health officer who acts also as director of the Red Cross Sanitary Unit. To him State authorities delegate the power and authority of deputy State health officer and all activities are coöordinated and centralized under his supervision.

An Officer of the Public Health Service, or one recommended by that service, is appointed director of the unit and is immediately responsible for the work.

Associated with the director of the unit is a fiscal officer, usually a

local business man appointed on the recommendation of the local Red Cross Chapter, who is the fiscal agent responsible for the funds appropriated.

Places to which sanitary units have already been assigned:

Unit No.	1. Columbia, S. C.	Unit No.	14. Macon, Ga.
2.	Little Rock, Ark.	15.	Manhattan, Kan.
3.	Louisville, Ky.	16.	Chattanooga, Tenn.
4.	Des Moines, Iowa	17.	Spartanburg, S. C.
5.	Leavenworth, Kan.	18.	American Lake, Wash.
6.	Hanover, Miss.	19.	Montgomery, Ala.
7.	Petersburg, Va.	20.	Charlotte, N. C.
8.	Anniston, Ala.	21.	Waco, Texas
9.	Newport News, Va.	22.	Alexandria, La.
10.	Ayer, Mass.	23.	Fort Worth, Texas
11.	Atlanta, Ga.	24.	Wrightstown, N. J.
12.	Chillicothe, Ohio	25.	Augusta, Ga.
13.	Greenville, S. C.	26.	San Antonio, Texas

The personnel of the 26 units is as follows:

Directors (services free)	26
Assistant directors (service free)	17
Fiscal officers (services free)	26
Assistant fiscal officers (services free)	20
Bacteriologists (paid employees)	6
Minor employees (paid employees)	5
Sanitary inspectors (paid employees)	52
Red Cross Nurses (paid employees)	51
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	206

Transportation. Under the authority voted by the War Council, August 24, 1917, Ford automobiles have been allotted in requisite number, usually two, to the respective sanitary units for use by inspectors and nurses in the territory adjacent to military encampments.

The Work of the Sanitary Units. The work of these local organizations in which the Red Cross unit coöperates is also varied to meet conditions, but in general it includes the following: A public health laboratory, in charge of a competent bacteriologist established for bacteriological examinations of water and milk supplies and to assist in the diagnosis of infectious diseases. A house-to-house inspection of sanitary conditions is made in the whole district. Insanitary conditions must be remedied by the property owners, after which regular inspections must be made at frequent intervals. Systematic inspection is established for dairies, milk depots, restaurants, markets and all places where food and refreshments are prepared or sold. Special effort is made to have all cases of infectious diseases promptly reported and to have each case, as reported, visited by an inspector or a public health nurse to instruct the attendants in necessary prophylactic measures and to see that they are carried out.

Prevention of Malaria. Special work is necessary in most Southern districts for the prevention of malaria. This requires the eradication of malaria-bearing mosquitoes in a fairly wide zone surrounding the campment, and also the adjacent centers of population which are visited frequently by men from the campment. The work of

mosquito eradication is not confined to communities in which malaria is highly prevalent. It is being carried out in all the districts where malaria mosquitoes are found in considerable numbers, and when there is a possibility that malaria might become more prevalent with the increase of population due to the establishment of the camp.

The same principle applies to other sanitary work, and the fact that active sanitary measures are undertaken in the vicinity of a camp does not necessarily mean that previous sanitary conditions in that district were especially bad.

Isolation Hospitals. The question of isolation hospitals for the segregation and treatment of communicable diseases has been given consideration. The War Council appropriated on August 14, 1917, \$1000 to be used in the study of this project. Dr. Charles V. Chapin, Superintendent of Health of Providence, R. I., a member of the Medical Advisory Board and a prominent sanitarian, upon request, visited several cantonment areas. In his report he questioned the advisability of the expenditures necessary for the purchase of portable hospital units. He concluded that the chief requirement would be a good organization for the control of contagious diseases in each area.

The effective control of ordinary communicable diseases in extra-cantonment areas seems, largely, to depend upon the efficiency of the cooperative health machinery established.

Auxiliary Nursing Service. Steps have also been taken to inaugurate an auxiliary nursing personnel to be available in case of epidemics or other emergency.

Mobile Laboratory Cars. Four mobile laboratory cars authorized by the War Council August 14, 1917, are now in commission. Wooden Pullman cars have been converted for this purpose and all necessary apparatus has been installed in two of these cars, including sleeping quarters for a maximum personnel of ten workers and assistants.

These cars, when in active service, will be operated by volunteer professional men, skilled in the diagnosis and treatment of diseases. Ordinarily a professional staff of about five men will accompany each car when in service. In addition, provision has been made for the services of cooks, technicians and a fiscal officer.

Upon a written request from the Surgeon-Generals of the Army, Navy or Public Health Service the nearest available car with personnel and equipment will be dispatched to a designated point with instructions to the director to confer with the proper local authorities. They are based under designation at the following places:

"Lister," Director Dr. L. Hektoen, Chicago, Ill.

"Metelnikoff," Director Dr. Fred P. Gay, San Francisco, Cal.

"Pasteur," Director Dr. James W. Jobling, Nashville, Tenn.

"Reed," Surgeon-General, U. S. Army, Washington, D. C.

The "Pasteur" was detailed December 5, 1917, to assist the personnel of the base hospital at Camp Bowie, Fort Worth, Texas, in pneumonia work and has just been requested for service at Camp Beauregard, Alexandria, La., in meningitis work. The car "Lister" was similarly detailed December 27, 1917, to Camp Doniphan, Fort Sill, Oklahoma. All of these details were made on request of the Surgeon-General of the United States Army. On request, with the approval

of the Director-General of Military Relief, January 3, 1918, the car "Reed" has been placed in custody of the Surgeon-General of the United States Army, to be operated and manned by a staff from the Medical Corps of the United States Army.

Venereal Disease Control. Under the authority of resolution by the War Council, November 14, 1917, making appropriation to be expended by the Director of the Bureau of Sanitary Service for coöperation with the Army and Navy, Public Health Service and with State and local health authorities in the control of dangerous communicable diseases, nine clinics for the treatment of "carriers" of venereal infection have been established and funds set aside for their maintenance for the protection of military forces in extra-military areas. It is proposed to establish other clinics as rapidly as practicable, in accordance with the following plan:

1. Inasmuch as the venereal diseases are only a part of the general problem of communicable diseases for the control of which the United States Public Health Service has assigned officers as directors of sanitation in each of the extra-containment areas, and has already taken steps for the treatment of "carriers" and the hospitalization of certain cases, it is proposed that the local administration of whatever measures are instituted for the control of these diseases shall be by the directors of sanitation in the areas in question.

2. For the purpose of selecting the best measures for the control of venereal diseases, there shall be established, at first, dispensaries or clinics for such diseases in only a few selected areas.

3. The function of such a clinic shall be (a) treating "carriers" of venereal infection; (b) hospitalization of selected cases wherever practicable; (c) utilizing and instructing local practitioners in the control of venereal diseases; (d) distributing, free of cost, to local practitioners, salvarsan and other venereal remedies under prescribed regulations; (e) making free bacteriological examinations, serological tests and other laboratory investigations of venereal diseases at the request of local practitioners and certain administrative officers; (f) advising persons who may desire confidential information, with respect to possible infection of themselves, proper treatment and related subjects.

4. It is proposed that the existing sanitary units in the selected areas shall be supplemented by the following personnel:

One specialist in venereal diseases.

One or two probation officers.

One social worker.

One clinic nurse (male).

One clinic and follow-up nurse (female).

One to four policewomen.

5. It is proposed that the United States Public Health Service provide and pay the salary of a general specialist for each established clinic wherever the services of such a specialist shall be required.

6. It is proposed that the United States Army, through the Commission of Training Camp Activities, provide the necessary probation officers to study and act upon individual cases, secure the necessary attendance at clinics and for such other additional duties as may arise in connection with persons convicted in the local courts who may be suffering from venereal infection.

7. It is proposed that the United States Army will continue the services of a social worker in such extra-cantonment areas for educational and other purposes.

8. It is proposed that the American Red Cross shall furnish one male nurse for clinic purposes and one female nurse for combined duty in the clinic and follow-up work.

9. It is proposed that the necessary surgical appliance and drugs shall be provided by the American Red Cross in the amounts needed.

10. It is proposed that the American Red Cross shall furnish the necessary transportation for follow-up work and other control measures in connection with these clinics.

11. It is proposed that the providing of proper office space shall be requested of the local authorities. In the event of the inability of the local authorities to provide such quarters, the same shall be provided from appropriations of the American Red Cross.

12. It is proposed that a requisite number of policemen shall be furnished by the local authorities to properly enforce antiprostitution ordinance.

13. It is recommended that clinics so established shall be continued for a provisional period of six months, and longer should the necessity of the work warrant such procedure.

14. The United States Public Health Service is prepared to make the necessary bacteriological examination, serological tests and other laboratory investigations.

15. It is proposed that pamphlets on the control of the venereal diseases and other educational material shall be requested of the American Social Hygiene Association for free distribution.

Public Health Nursing. A supervising public health nurse recommended by the Bureau of Nursing Service has been appointed by the Public Health Service. This nurse will assist the extra-military areas where sanitary organizations have been established and also study public-health nursing requirements. This supervision, direction and development of nursing activities will be extended to all nurses employed under the central health organization.

Inspection of Red Cross Sanitary Units. The Surgeon-General of the Public Health Service has detailed an officer of that service to visit and inspect all Red Cross Sanitary Units. This officer will be expected to remain at each unit a sufficient length of time to familiarize himself with the operations of the unit, and upon the completion of his investigations to submit a written report with such recommendations as seem necessary for increasing the working efficiency of the unit.